

BEST AVAILABLE COPY

**Multiple Dependent Claim Fee Calculation Sheet**  
(FOR USE WITH FORM 175)

SERIAL NO. **10/019331** FILING DATE

APPLICANT(S)

**3-27-02 6-9-04 CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
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43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**3-27-02 6-9-04 CLAIMS**

	3-27-02		6-9-04	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
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63				
64				
65				
66				
67				
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86				
87				
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89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

PTO-1360 (3-78) \*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE